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ABSTRACT

As part of the Child Care Aware initiative's 5-year process evaluation, this report describes the findings of a survey of 2,095 family child care providers, concerning the type of training they received through the initiative and issues related to accreditation and professionalism. Child Care Aware was sponsored in community sites, promoting the professional development of providers by implementing the following strategies: (1) training; (2) accreditation; and (3) creating or strengthening local provider accreditations. The survey found that the most professional sector of the family child care community has much to say about training, accreditation, and being a professional. These providers believe that training positively influences their practice and that enhancing positive self-esteem is an essential part of their professional development. Additional findings are as follows: (1) training reaches younger providers more frequently than older providers; (2) most providers said they would recommend Family-to-Family training to other providers; (3) providers listed self-respect and a sense of oneself as a professional, and nderstanding of children's development as the two most im rtant things learned from training; and (4) providers who receive training generally enter into a path of professional development that is likely to lead to accreditation. (BGC)

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Family Child Care Providers Speak About Training, Trainers, Accreditation, and Professionalism

Findings From a Survey of Family-to-Family Graduates

Amy Laura Dombro and
Kathy Modigliani

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Findings From a Survey of Family-to-Family Graduates

by

Amy Laura Dombro and Kathy Modigliani

Prepared for the Child Care Aware Initiative
Sponsored by the Dayton Hudson Foundation, Mervyn's, Target Stores, Dayton's, Hudson's, and Marshall Fields.

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Amy Laura Dombro
Kathy Modigliani

January 1995

Introduction

Child Care Aware is an initiative devoted to improving the quality of family child care. As part of the initiative's five-year process evaluation*, a written survey was conducted by the Families and Work Institute to find out how providers feel about the training they received, and about issues related to accreditation and professionalism. This report conveys the findings of this survey, the largest ever on family child care training.

CHILD CARE AWARE: AN OVERVIEW

Beginning in 1988, Dayton Hudson's Mervyn's division launched the Family-to-Family Initiative, now known as Child Care Aware. In 1990, Target Stores joined and expanded the effort. The Department Stores Divisions (Marshall Field's, Dayton's, and Hudson's) joined the Initiative in 1993. Over a seven-year period, these entities have invested over $10 million in this effort.

The funders identified an organization(s) to sponsor Child Care Aware in each community. In the majority of sites, this organization was a child care resource and referral agency, but in some cases it was a community college, vocational-technical school, or family child care provider association.

Sponsors in each community were responsible for promoting the professional development of providers by implementing three strategies:

1. **Training**, involving customizing of curricula, recruiting providers, and offering ongoing classes.
2. **Accreditation** that includes supporting providers as necessary through the National Association of Family Child Care (NAFCC) or Child Development Associate (CDA) accreditation process.
3. **Creating or strengthening local provider associations** by supporting associations to identify and develop leaders.

* An outcome evaluation is also being conducted by the Families and Work Institute assessing the impact of training on the provision of quality caregiving.

In addition, consumer education efforts were targeted to parents. In 1992, Dayton Hudson launched a nationwide consumer education campaign to enhance the work being done on the community level in helping parents find and recognize quality child care. Using in-store activities, brochures, posters, newspaper and television advertisements, and a toll-free information line, the campaign expanded local consumer education efforts. In its first year, the campaign reached more than 40 million Americans and generated thousands of requests for information and help from parents.

The focus on professional development and consumer education creates a two-pronged approach for helping parents obtain high quality child care for their children. Just as providers and parents need to work as partners in providing quality care for one child, both need to be involved in improving the quality of care for all children. As providers begin to see themselves as professionals and learn more about quality, they seek out training, accreditation, and involvement in provider associations. These activities provide the information, skills, and support providers need to offer quality care in their homes, thus increasing the supply of quality care. At the same time, as parents learn more about quality care and how to find it, they create a demand for quality. The simultaneous investment in the supply of quality child care and the demand for it mean that more children will receive more appropriate care in their early years.

The pursuit of both goals requires some clarification in terminology. To develop a brand identity that says "quality child care" in a clear, concise way, "Child Care Aware" has been chosen as the umbrella name of the overall initiative. Dayton Hudson suggests communities continue to refer to professional development activities including training as Family-to-Family since it is a well recognized and respected name. We will follow this suggestion throughout the rest of this report: "Child Care Aware" will refer to the overall initiative and "Family-to-Family" will be used when discussing training.

THE TRAINING OFFERED BY SITES

Courses offered by Child Care Aware sites were at the same time similar to and different from one another. Courses covered the same topics which were determined by Dayton Hudson. But in each community, courses were customized to meet the needs of local providers.

The funders identified the following list of topics to be covered in classes, all deemed necessary for providers to run their businesses effectively and to provide quality child care in their homes:

- Business practices;
- Local regulations;
- Health, safety, and nutrition;
- Child development and age-appropriate activities;
- Environments to promote learning;
- Guidance/discipline;
- Special-needs children;
- Parent-provider relationships;
- Professional development and community resources;
- Diversity issues; and
- Personal and family development.

Sites were directed to choose from existing curricula and to make necessary modifications to meet the needs of providers in their community.

The most commonly used curricula include *Family Day Care Handbook* (California Child Care Initiatives), *Creative Curriculum for Family Child Care* (Teaching Strategies, Inc.), *Family Day Care Education Series* (Harms, Cryer, et al.), *Family Day Care Home Provider Program* (Texas A&M), and *Second Helping* (Windflower Enterprises).

When choosing curricula, sites typically aimed to offer training one step more advanced than what was currently available. Previously, in the majority of sites, occasional one-time workshops and conferences were the only training available. These sites used Child Care Aware funding to offer relatively basic-level, ongoing courses. In the few sites where basic training existed, more advanced training was offered. The majority of sites customized existing curricula with handouts, videos, and presentations by guest speakers.

In Child Care Aware sites, training courses typically ran from 15–30 hours in length. Courses were offered weekday evenings and/or Saturdays, often determined by surveying providers in the community. Training was held in a variety of settings including community college campuses, sponsoring agencies, community rooms, and donated spaces such as the offices of a local newspaper. The cost to providers ranged from $0–$50.

GOALS OF THE SURVEY

There were three major goals of this survey. They were to:

- Determine how family child care providers felt about Family-to-Family training and understand their perspective on how it impacted their practice;
- Gain the perspective of family child care providers on characteristics of effective training and trainers to help improve the quality of training received by family child care providers across the country; and
- Obtain a better understanding of providers' views of what it means to be a professional.

GOAL OF THIS REPORT

The goal of this report is to communicate the rich insights about training, trainers, accreditation, and professionalism learned from providers who have participated in training. Its intended audience are family child care providers and those who provide training to family child care providers including family child care associations, resource and referral agencies, food programs, and community colleges.

Methodology

We began by creating an eight-page survey addressing major categories of training, trainers, and ongoing professional development. The section about ongoing professional development included questions about providers' plans to become accredited and the meaning of being a professional.

Sites gave us the names of providers who had graduated from Family-to-Family courses within the past three years. We mailed out the first round of surveys in March, 1994. In July, we mailed out a second round of surveys, this time with a letter to emphasize why it was vital that providers who had not done so respond to the survey. We also included a postcard for providers to indicate if they had filled out the survey or if they were not going to respond, to tell us why.

We sent out a total of 7459 surveys. Overall, 2095 family child care providers responded (1711 providers returned the survey and 384 providers returned postcards) for a response rate of 28%. Response rates varied by site from 10 percent to 61 percent.

The only indication we have of which providers completed the survey is that accredited providers were more likely to return the survey. In fact, 60 percent of all accredited Family-to-Family providers in the nation returned their surveys. Thus it is important to read the results as indicative of the responses of the most professional segment of the family child care community.

The Providers Who Responded

Overview

The range of respondents' time in the field suggests that providers at all stages of their professional development engage in—and benefit from—training. However, based on the high number of providers who have their own children in care, it appears that training reaches younger providers more frequently than older providers.

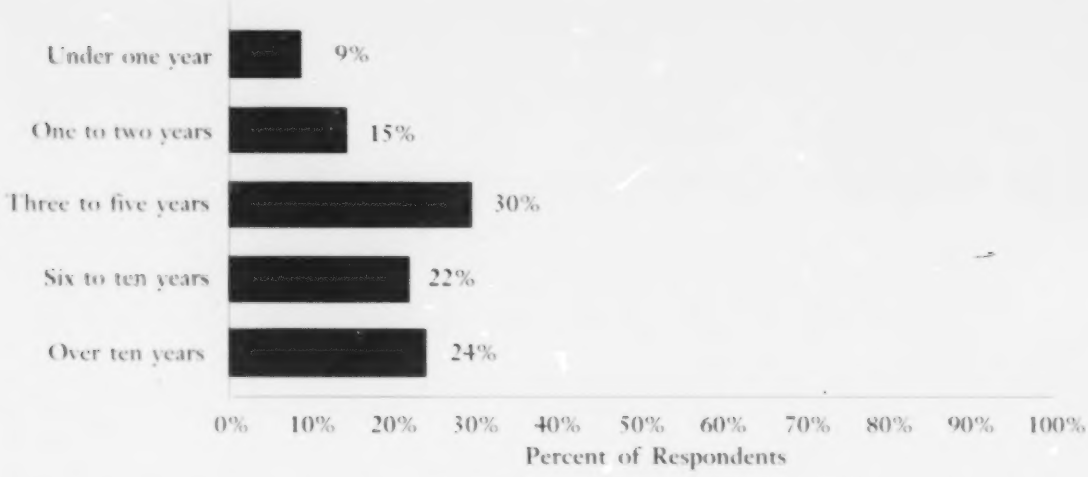
The providers who responded to this survey were unusually likely to be accredited. This suggests that these respondents are also likely to offer higher quality care and be more professional than others.

LENGTH OF TIME AS A PROVIDER

Figure 1 shows the majority of respondents (46%), have been providers for six to ten years. About a quarter (24%) have provided care for over 10 years. Close to a third of the providers who responded have been in business for three to five years. And the remaining 24 percent have been in business for two years or less. These figures are similar to those in *The Family Child Care Training Study* (Galinsky, Kontos, and Howes, in process) in which providers averaged five to six years in the field and close to 25 percent were in their first year of being a provider. It should be noted, however, that these providers were much less likely to be accredited than the Family-to-Family graduates in our sample. Also that other demographic data was not collected in our study.

FIGURE 1: LENGTH OF TIME AS A PROVIDER

LENGTH OF TIME RESPONDENTS HAVE BEEN A PROVIDER:



(Percentages do not total 100% due to rounding.)

These findings indicate that beginning to veteran providers seek out training and can benefit from taking classes. These more experienced providers are those one might assume would say, "Training ...Forget it. I've been doing this for more than 10 years and know it all." As one of these veteran providers explains:

> *"I have been doing child care since 1971. Until the time I took Family-to-Family training, I only knew one or two child care providers and had never been in another provider's home. Since taking classes I belong to the association, have been in several family child care homes, and have started mentoring. I have continued taking other classes and workshops. Before the training I knew children behaved in various ways at different ages. Now I understand why. I learned a lot about child care and about myself."*

NUMBER OF CHILDREN CARED FOR

Respondents care for an average of eight children per home, including, on average, 2.8 infants and toddlers, 3.4 preschoolers, and 2.5 school-aged children. Almost two thirds of the providers have their own children in care—on average, two children.

This number is larger than the average number of five children found in regulated homes in the *National Child Care Survey* (Hofferth et al, 1991) and in *The Family Child Care Training Study*. It is important to note that in addition to including more accredited providers, the Family-to-Family sample includes some large/group family child care homes where there is an assistant and typically up to 12 children as well as family child care homes with many part-time children. These providers are also somewhat more likely to have their own children in care, reflecting the tendency of training to be more likely to reach younger providers.

Recruitment

Overview

Providers heard about training through a variety of means. The primary reason for attending training differed depending on the length of time a provider had been in the family child care business. Newer providers were more likely to report attending training to learn about the business aspects of family child care. More experienced providers tended to pursue training to improve the quality of their practice. We assume that the business aspects of family child care are more concrete, and easier for new providers to identify and tackle than more complicated and subtle issues around quality care and education of children.

An overwhelming majority of providers (99%) said they would recommend Family-to-Family training to other providers, their primary reason being: "training helped improve my child care home."

RECRUITMENT STRATEGIES

Providers heard about training through a variety of recruitment strategies. Ranked in order, beginning with the method that reached the most respondents, these strategies included:

- Newsletters;
- Association meetings;
- Child and Adult Care Food Program staff;
- Another provider;
- Posters, flyers, brochures; and
- Resource and referral agency staff.

Different recruitment strategies worked for new and more experienced providers. Newer providers were more likely to hear about training from other providers. This confirms the importance of word-of-mouth as a recruiting tool. More experienced providers learned about training primarily from newsletters. We assume these providers who have been in the business longer are more linked into the family child care information network.

REASONS FOR ATTENDING TRAINING

The primary reason for attending training differed depending on how long a provider had been in the family child care business. Newer providers (those who had been a provider for three years or less) tended to seek out training to learn how to deal with the business aspects of running a family child care home. Those who were more experienced reported attending training to improve the quality of care and education that they offer children.

These findings are not surprising. We assume that the business aspects of family child care are easier to address for new providers than issues around quality care and education of children. Perhaps as business practices are implemented and providers have more experience working with children and families, they are then able to turn their attention to improving the quality of care and education that they offer.

STRATEGIES TO REACH PROVIDERS WHO HAVE NOT HAD TRAINING

Regardless of why providers originally pursued training, an overwhelming majority of providers (99%) said they would recommend Family-to-Family training to other providers. The primary reason they would recommend training was that "training helped improve my child care home." The second reason was that "classes are a good opportunity to meet other providers." And third, "Classes were fun."

These responses are similar to those of providers in *The Family Child Care Training Study* who identified learning more about child care and running a business as the highlights of training. They found meeting other providers was an unforeseen bonus of taking a class. Recruitment efforts would be well advised to emphasize these factors.

The trained providers who responded to the survey reported knowing providers who haven't had family child care training. Most trained providers (92%) felt providers who have no training would be at least somewhat interested in Family-to-Family training. Close to one third of the trained providers (29%) felt those with no training would be very interested.

Following are the top three reasons trained providers gave about why their peers would not be interested in training:

- They think they don't need training.
- They are afraid they'll have to change.
- They don't consider family child care their profession.

Less important were the reasons usually cited: expense, distance to training, fear of going to school, and lack of time.

These findings raise a challenging "consumer education" question that needs to be addressed by the field: "How do we communicate the need for and benefits of training to providers who have not yet been trained?" The providers who responded to this survey made the following suggestions:

- Reassure providers that training will help them feel good about what they do;
- Assure that providers hear about good training from a friend;
- Hold classes closer to providers' homes; and
- Continue to offer scholarships to help with expenses.

Providers' Impressions Of Training

Overview

Family-to-Family training was positively received by providers. According to providers, the most effective learning techniques were: visiting other family child care homes, helpful examples and/or stories to illustrate points, whole group discussions that are skillfully guided and give providers the opportunity to learn from one another, presentations by guest speakers, and hands-on activities that are fun and offer providers ideas they can take home and use. However, we caution that trainers cannot increase the effectiveness of their training simply by including favored techniques. To be effective, trainers must devise and incorporate strategies that challenge providers to experiment with new ways of doing things and improve their practice.

PROVIDERS' RATING OF FAMILY-TO-FAMILY TRAINING

Nearly all respondents (96%) rated Family-to-Family training as good or excellent; 66 percent rated it as excellent.

Providers expressed their deep feelings of appreciation to Dayton Hudson, Mervyn's, Target, and lead agencies in their communities:

> *"I will be forever grateful to Family-to-Family for allowing me the opportunity to attend classes and training. Because of the classes, I was able to make my dream of returning to school a reality."*

> *"Thank you for the training and I know the children thank you also. I have more to offer them because of your interest and concern."*

> *"Thanks for caring and loving and providing opportunity for many providers."*

TECHNIQUES TO ENHANCE LEARNING

A variety of techniques to enhance learning were included in training. The table below lists these techniques showing their perceived helpfulness and frequency of use. (See Table 1.)

TABLE 1: TECHNIQUES TO ENHANCE LEARNING

Learning Technique	Percent of providers who report it to be very useful	How often it was included in training
Visiting other family child care homes	78%	28%
Helpful examples and/or interesting stories to illustrate points	75%	94%
Whole group discussions	73%	98%
Presentations by guest speakers	73%	80%
Hands-on activities	72%	87%
Presentations by providers	69%	64%
Observers in my home giving feedback	67%	28%
Working with a mentor	66%	28%
Informal discussions with other providers (during breaks and before and after class)	66%	93%
Small group discussions/working in pairs	66%	85%
Take home exercises	65%	76%
Role playing	59%	64%
Watching videotapes	51%	79%

Though at the top of providers' list of useful techniques, "visiting other providers' homes" along with "having observers in my home" and "working with a mentor" were the least used techniques by trainers. We assume this is because these techniques are labor-intensive and expensive. In addition to paying for time and travel, substitute care must also be paid for when providers visit each other's homes.

Providers were enthusiastic in their comments about visiting other providers' homes:

> *"The visit to accredited family child care homes was the best thing about the training. It gave me ideas and encouraged me to pursue accreditation too!"*

> *"Visiting an experienced provider's day care was very useful and encouraging."*

> *"I would have loved to see other providers' setups to get an idea of how they operate."*

Based on providers' enthusiasm, trainers may want to figure out how to make visiting other providers' homes a regular part of their classes. For those who can overcome the obstacles of time and money, we have included a sample home observation assignment based on one used successfully and received enthusiastically in Family-to-Family classes in Austin, Texas. (See Table 2.)

The two other techniques that providers reported as useful were: whole group discussions and hands-on activities.

Whole group discussions generated many comments, perhaps because this is a primary technique for giving providers the opportunity to share their experiences and to learn from one another:

> *"The single most important learning tool for me was guided discussion among my peers in a classroom setting."*

> *"We the providers have a deep fund of practical knowledge which we need to share. We are all afraid of not being the best. Remember these facts and help us help each other."*

> *"Providers learn more from other providers than they do from books or lectures."*

However, providers' comments offer trainers a word a caution here. To be effective, group discussions need to be skillfully guided. This seems to be especially important when teaching a group of family child care providers who tend to work alone and may as a result come to class with a strong need to communicate and end up dominating a discussion or entire class. Many providers made comments similar to the following:

"Whole group discussions were often allowed to get off track or to be repetitive. They weren't as useful as they could have been."

"The trainer needs to be in complete control of the class because some providers get off telling their ways and take precious time from our learning time."

"Family child care providers are very isolated and they need time to talk and discuss. But be careful of the provider who demands all the time."

The providers also had much to say about hands-on activities. As one provider said, *"I think you forget a lot of the talk. What you remember are the hands-on experiences."* It seems providers appreciate the practical nature of hands-on activities which give them ideas to take home and use right away. They also find hands-on activities to be fun.

When considering learning techniques, it is important to note that, though providers (or any learners) may prefer a certain technique, that technique may or may not challenge them to experiment to try new ways of doing things and thus improve their practice. Thus a trainer cannot increase the effectiveness of training simply by including the most popular techniques. If growth and change occur through being challenged to look at oneself, to experiment and try out new ideas in a supportive environment—which we believe it does—two key questions for trainers emerge:

- What are successful strategies for challenging providers to experiment and grow?
- How can these strategies be integrated into a variety of learning techniques?

A Model Home Observation Assignment

TABLE 2: HOME OBSERVATION WORKSHEET

This observation assignment is designed to help you focus on the quality of care provided in a family day home. Respond to the following questions while observing the home environment and consulting with the provider during your home visit:

1. **Business Practices**

   List at least three records that are up-to-date and reflect good business practices.

   Name two things that the provider does to promote parents' understanding of her policies.

2. **Health and Nutrition**

   Name four daily practices that promote the health of the children and provider.

   Describe two meals served by the provider that meet minimum nutritional requirements established by the USDA.

3. **Safe Indoor Environment**

   List six features of the indoor environment that reflect the provider's attempts to make it safe for children.

   In what ways has the provider ensured that the following areas of her home are safe for children (including infants, if present).

   The toilet/diapering area(s):

   The sleeping area(s):

   The play area(s):

4. **Safe Outdoor Environment**

   Identify four features of the outdoor environment that show the provider pays attention to children's safety.

5. **Play Environment**

   Name at least four toys/materials that promote children's exploration and self-esteem.

   Name at least one feature of this play environment that you like. Explain why.

6. **Interaction Between the Caregiver and Children**

   Describe two actions of the provider that reflect a warm and nurturing attitude.

   Describe two interactions in which the caregiver encourages children's exploration and learning.

This assignment is based on an assignment created by:
Karlene Bennett, Family Child Care Specialist, Austin, TX.

The Impact Of Training

Overview

Fully 86 percent of providers said that they changed their family child care practice as a result of Family-to-Family training. The most frequently reported changes as a result of training were in the areas of business practices and activities done with children. However providers listed learning self-respect and developing a sense of self as a professional at the top of their most important lessons learned. We suggest changing business practices and children's activities are more quickly accomplished than changing how someone feels about herself or himself and interacts with others. The ultimate goal of training, improving the quality of practice, may be reached through an ongoing series of changes which begins with providers making changes in their business practices, activities, self-esteem, and sense of selves as professionals.

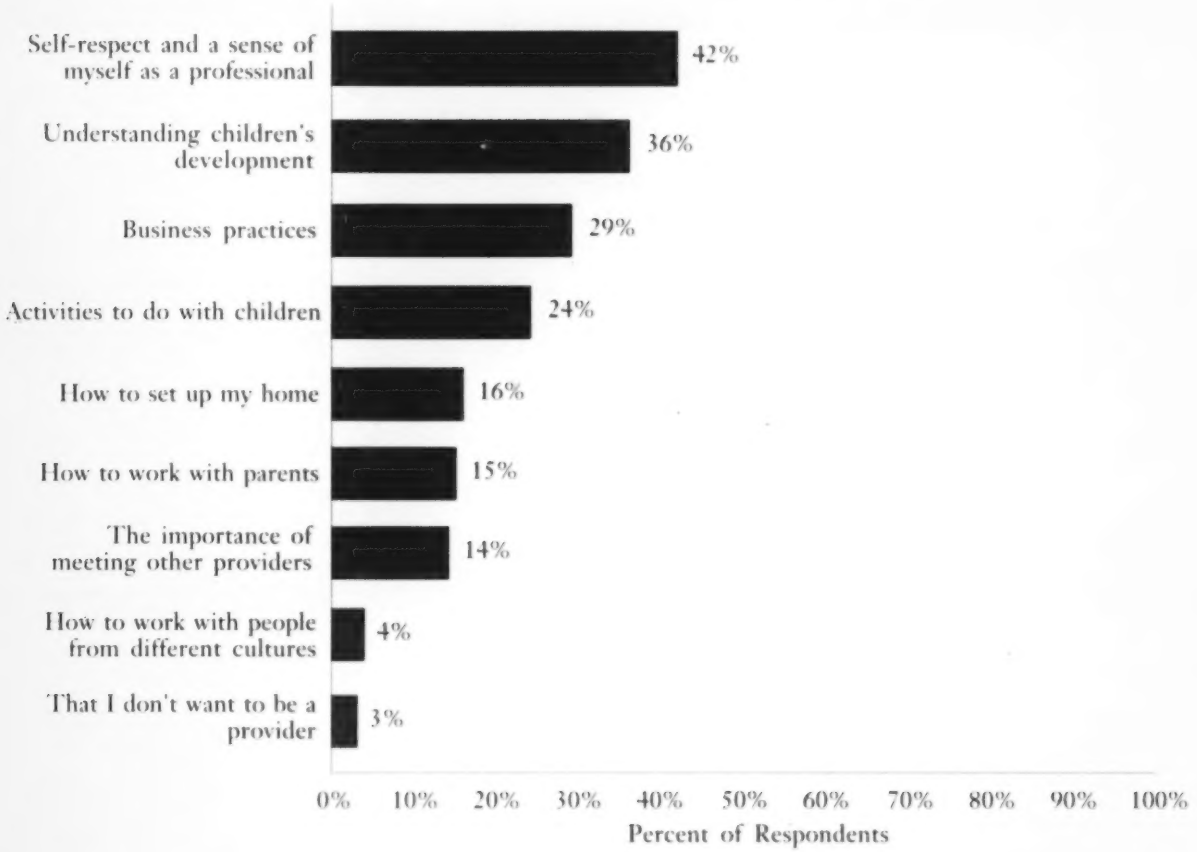
An even more impressive 90 percent of respondents plan to take additional courses to help them further improve their work as providers.

WHAT PROVIDERS LEARNED

When asked about the two most important things they learned as a result of training, providers responded: self-respect and a sense of myself as a professional, and understanding children's development. (See Figure 2.)

FIGURE 2: WHAT PROVIDERS LEARNED

WHEN ASKED ABOUT THE TWO MOST IMPORTANT THINGS THEY LEARNED AS A RESULT OF TRAINING, PROVIDERS RESPONDED:



It is important to note that learning self-respect and developing a sense of self as a professional is at the top of the providers' list of lessons learned. As we'll discuss later in the section on professionalism, providers have found that in learning more, they feel more confident which, in turn, colors their interactions with children—and parents. Thus we feel that improving providers' self-esteem is a vitally necessary but not sufficient outcome of training that helps providers reach *training's ultimate goal: to improve the quality of practice.* As self-esteem is enhanced, we suggest providers can become empowered and are likely to become more engaged in training and other professional development activities which in turn may lead to their self-esteem becoming even stronger. A cycle of empowerment and learning can begin. This isn't to say that learning always makes one feel good immediately. To the contrary, we believe that some

of the most important learning is often accompanied by feelings of discomfort and sometimes even pain as the learner stretches boundaries and explores new territory. It also doesn't guarantee that improved self-esteem always leads to change, though it often seems to—especially when accompanied by challenging experiences. For example, we suggest that enhancing providers' self-esteem and challenging how they think about children can help providers to be more open to understanding why children do what they do—the second most important lesson learned. And that as providers better understand children, they are more likely to be able to respond to children's needs and challenging behaviors, thus increasing their self-esteem—and that of the children.

In the words of providers:

> *"Provider training opens doors for providers that they didn't even know were shut. It enlightens us in all areas: child development, business management, parent communication, and community service. The more we understand, the better our self-esteem. Our self-esteem is reflected in the faces of the children we care for."*

> *"In order to receive respect from children's parents, I must respect myself first."*

HOW PROVIDERS CHANGED THEIR PRACTICES

Eighty-six percent of providers who responded to our survey—a sample that largely consists of professional providers—said that they changed their family child care practices as a result of Family-to-Family training.

The changes in practice described by these providers, beginning with the most common, include:

- Business practices.

  > *"I recognized the need for quality, how to attain it, and how to make money at it."*

  > *"The paperwork and dealing with money got tons easier."*

- Activities done with children.

  > *"We sit and play more with children and involve the older children in reading to the younger children. It makes them feel important that they can help."*

  > *"Training showed me new games to play with children."*

- The way I feel about myself.

  "My self-respect is greater now. I know I am not just a babysitter but a provider of good care for children."

  "This course really made a big difference in how I feel about my career. I'm proud of what I do now."

- Interactions with children.

  "I found out why kids react differently so I can better know how to respond to different situations."

  "I learned more about what children's needs are and how to adjust to special children."

- Interactions with parents.

  "I feel more professional and confident working with parents."

  "Training makes us aware of the things that families go through and helps us see how we can be supportive to them."

- The setting up of indoor and outdoor spaces.

  "I was made aware that my home needed safety equipment."

  "I bought storage cubbies and use children's photos and names to mark their special places for belongings."

- Involvement with other providers and/or my association.

  "I realized how much I needed the support of other providers. I therefore began a large support group in our area."

  "I learned that in order to change the public's attitude toward family child care, I had to get active in my association and community."

Observations revealed that business practices were changed by providers in *The Family Child Care Training Study* as well. We suggest changing business practices and activities done with children is more readily accomplished than changing how providers feel about themselves and build relationships with others.

When asked if there were other ways in which they changed their practice, providers said that training renewed their commitment and motivation:

> *"Family-to-Family was like a breath of fresh air for me. I was able to turn my whole business and outlook around... I would encourage anyone who's not satisfied to take this course."*

"To me, training is my cup of coffee. It gives me that lift I need."

And some providers found that rather than promoting a change, training served to affirm what providers felt was already quality practice:

"I already had good relationships with parents. Interaction with children didn't really change, but I was affirmed in the way I relate to them. My convictions were strengthened."

"Many aspects of my day care stayed the same because I like my day care and the way I run it. Some items allowed me to change or do more of the good things I was already doing."

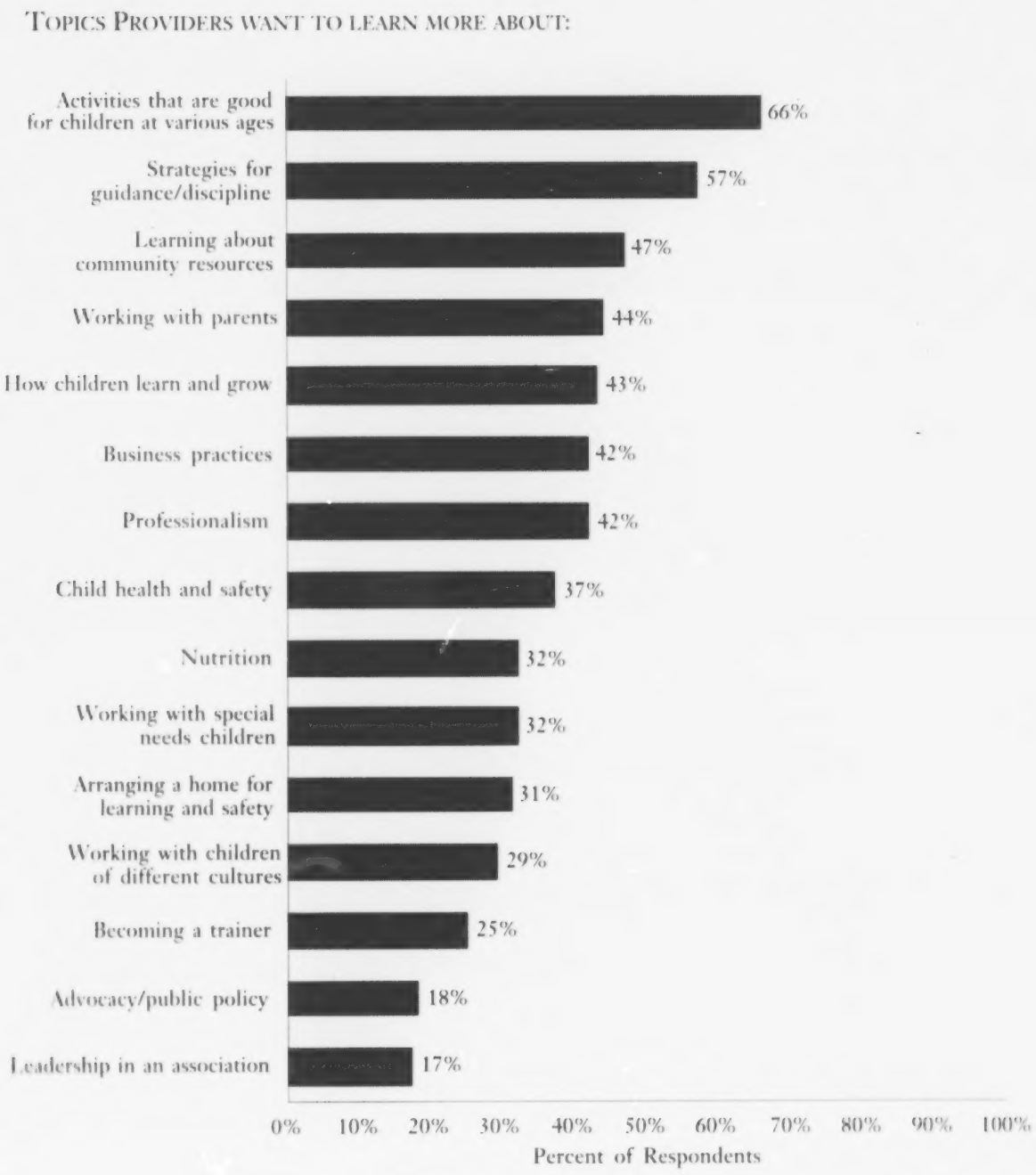
Of course, just because a provider likes the way she does things doesn't necessarily mean she is providing good quality care. We suggest trainers encourage providers—especially those who feel they do not need to change—to assess their learning environment and practices to give providers insight into the level of quality they offer and changes that may or may not be necessary.

Of the providers who reported they didn't change their practice, 41 percent felt that no changes were necessary. Nine percent said they didn't learn anything to help them make a change and 6 percent cited cost as a deterrent to change. Other reasons given for not making changes included lack of time and resistance from the provider's family.

PROVIDERS' PLANS FOR ADDITIONAL TRAINING

Overall, 90 percent of respondents plan to take additional courses to help them in their work as a provider. These findings are almost identical to those of *The Family Child Care Training Study* in which 96 percent of the total providers planned to go on for more training. Figure 3 shows topics providers want to learn more about. Of the providers who do not plan to take additional courses, lack of time and cost are mentioned as obstacles.

FIGURE 3: TOPICS PROVIDERS WANT TO LEARN MORE ABOUT



Trainers

Overview

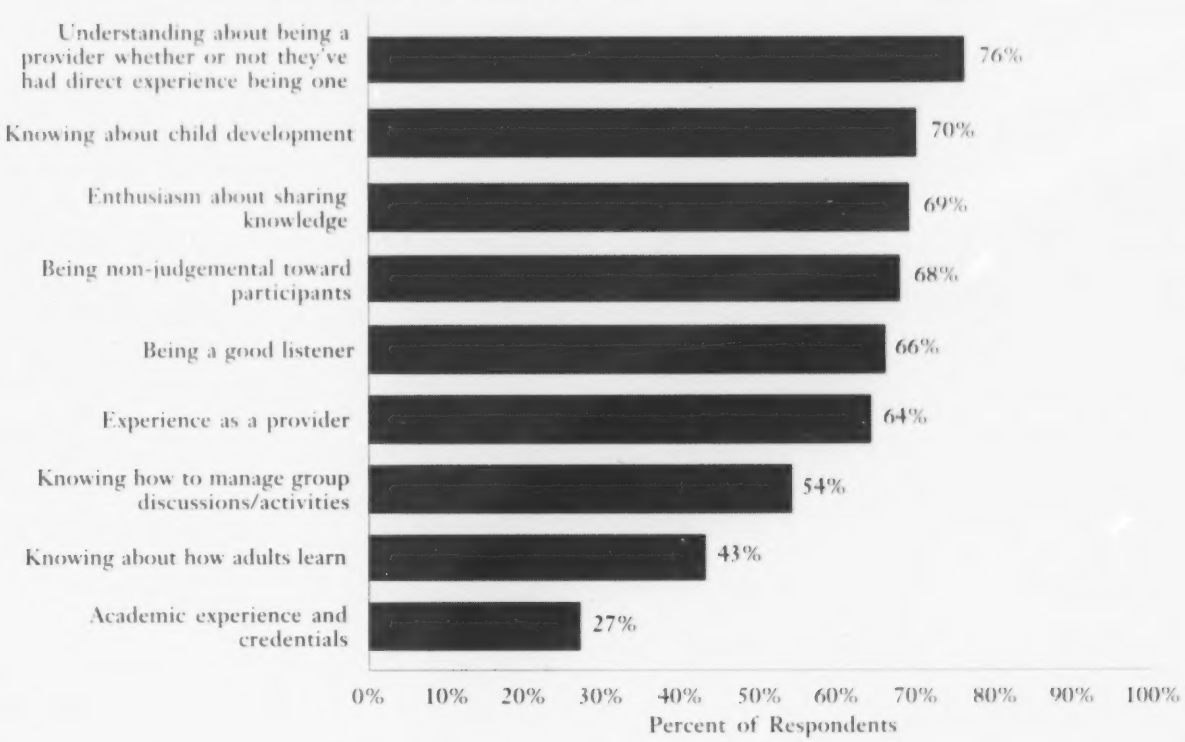
Familiarity with family child care is essential in order to be seen as an effective trainer by providers. In addition, when hiring or training trainers, providers responses suggest that while knowledge—of family child care, child development, and group process—is important, personal traits including enthusiasm, being non-judgmental, and being a good listener must also be considered.

CHARACTERISTICS OF EFFECTIVE TRAINERS

Providers identified characteristics they see as necessary for a trainer to be effective. (See Figure 4.)

FIGURE 4: CHARACTERISTICS OF EFFECTIVE TRAINERS

PROVIDERS FOUND THE FOLLOWING CHARACTERISTICS, LISTED IN ORDER OF IMPORTANCE, AS ESSENTIAL FOR AN EFFECTIVE TRAINER:



Surprisingly, understanding about being a provider is more important to our respondents than actually having experience as a provider. These providers strongly suggest that trainers who have not been providers spend extended periods of time in family child care homes to learn about details of life in family child care.

> *"Trainers need to understand the profession of family child care. Not academically but through hands-on learning."*

> *"Visit a couple of family child care homes for several hours each, or all day to see what goes: how hectic yet fun it can be."*

> *"Attend as many home day cares as possible and maybe even teach in some for a couple of weeks to get the feel of the sometimes frustrations and the more often warm fuzzies."*

They urge trainers to be aware of and sensitive to unique aspects of family child care:

> *"Remember, in-home care is different from center care: children of all ages are together and often there are no other hands to help."*

> *"Be aware that there are stresses involved in opening your private home to the public. You have nothing sacred anymore and your family has to sacrifice a lot of personal and mental "space" to accommodate your business."*

> *"Child care providers are in a very isolated profession. A lot of them have low self-esteem because there is no one to boost them. Help them feel good about themselves and their jobs."*

> *"Expect tired faces. Many of these providers start work at 5:00 a.m. and are here in the evenings."*

Providers feel that knowing child development—and experience working with children in a group—gives trainers a realistic picture of some of their daily challenges.

> *"I believe it is very important that they have experience working with children ... It's easier to form a sense of trust with trainers if providers know that the trainers have actually worked with children."*

While knowledge about child development was extremely important to most providers, they were not concerned about trainers' academic experience and credentials. In fact, providers rated them as least important. And yet the usual route to learning about development is academic.

This raises an interesting issue: "How do providers think someone learns about child development?" Providers' answers are likely to offer insight in providers' seeming resistance to academic experience and strategies for teaching child development.

In addition to trainers' knowledge and experience, personal characteristics including enthusiasm, being accepting, and being a good listener were also important to providers. For example, many providers commented on trainers' enthusiasm about sharing knowledge:

> *"Know and feel what you are teaching. Present information in an exciting way!"*

> *"Enthusiasm is very important and humor added is always helpful."*

Being non-judgmental was important to help providers feel comfortable in the classroom situation and to promote self-esteem. Yet it is important that being non-judgmental doesn't mean a trainer has to validate everything a provider does. The challenge to trainers lies in helping providers to realistically assess their practice and try new ideas without undermining their self-esteem.

> *"Being non-judgmental has to be one of the most important qualifications (of a trainer). Providers have to feel comfortable to voice their concerns."*

> *"Don't be critical of what or how we do things."*

And the importance of being a good listener was commented on by many providers.

> *"LISTEN to the providers! Often it is not an answer to a problem but the knowledge that someone understands their problems that is most needed by the provider."*

> *"Listen, listen to the wisdom and knowledge providers have to share."*

Providers' views on characteristics that make an effective trainer offer insight that can be helpful when hiring or training trainers: While it is important to find someone who understands family child care, knows child development, and is skilled at managing group process, personal traits including enthusiasm, being non-judgmental, and being a good listener should also be considered.

ADVICE TO TRAINERS

Family child care providers' comments offer the following advice to trainers:

- **Know your material.** Be committed to quality family child care. Be enthusiastic.
- **Be prepared.** Many providers made comments such as the following: "*Make the classes worth the time a provider has to give after a 10 hour day. If I go to a class, I want to learn something.*" and "*Keep in mind that most of us have very busy days: our evenings are very valuable.*"
- **Know your audience. Take the needs and interests of providers into account when planning classes.** In the words of one respondent, "*Find out the level of experience of the providers you are dealing with and plan the class accordingly.*" Another encourages trainers to, "*Watch participants' reactions carefully. Some material will be very familiar to providers and can be skimmed through quickly. Other areas may need a longer time to explore.*"

  This may involve dropping some material trainers feel is important in order to cover material that providers want to learn more about. Providers recommend that rather than overwhelming them by trying to cover everything, cover what is most important allowing plenty of time for group discussion in which providers can share their experiences. Be flexible to pursue important topics that come up during class. As one provider says, "*Don't 'stick to the book'. When an important subject comes up, it's all right to go with the flow.*"
- **See yourself as a facilitator rather than a lecturer.** Remember that sometimes the most important thing you can do is to listen.
- **Have realistic expectations and help providers have realistic expectations of themselves.** Too much change can be frightening. One provider encourages you to remember, "*A provider doesn't have to change everything all at once. If a provider changes one thing to be better, that is a beginning.*"
- **Keep homework light and be sure it is useful.** In the words of a provider, "*Remember we work very long days—and have families.*" A hands-on project is usually preferable than reading.
- **Create an environment in which providers are respected and safe—prerequisites for learning.** Be non-judgmental. Keep from calling on favorite students. Assure providers that no question is stupid or unnecessary. Help providers see that you are human and that you make mistakes too. One provider urges, "*Don't be too aggressive or try to be too much of an authority. Rather, allow providers to feel comfortable with your 'humanness' for having made mistakes yourself.*"
- **Create an environment that is comfortable and nurturing.** Arrange for comfortable chairs, a comfortable temperature, and enough space. Give breaks during the class. Provide coffee and if possible snacks. Keep on schedule and dismiss on time so providers can get home to their families.

- **Remember, you do not have to have all the answers. In fact, the surveyed providers urge trainers to encourage and support providers in learning from one another.** "*Help us help each other,*" is how one provider expressed this. Creating an environment in which providers have the opportunity to learn from each other has the added and potentially long-lasting benefit of letting providers get to know one another and become supports for one another.
- **And finally, many providers urge: Relax and have fun! Smile!**

To this list, we add:

- **Challenge as well as nurture.** Be supportive but also challenge providers to be all that they can be, to become continuous learners and problem-solvers. Simply encouraging and supporting is not enough to promote good quality.

Accreditation

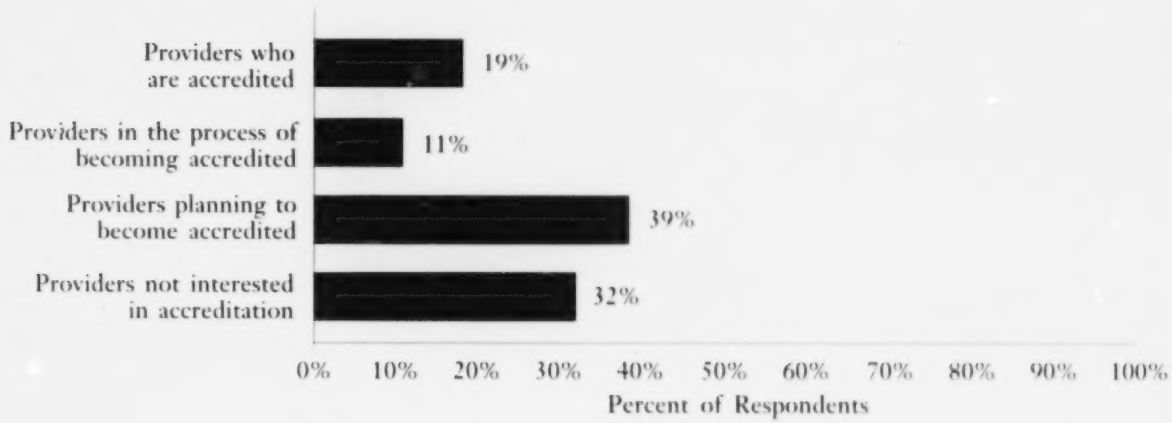
Overview

Although close to half the providers who answered this survey are veteran providers, this number of accredited providers is surprisingly high representing close to one quarter of the total number of accredited providers in the United States. Again, this is a much more professional group of providers than the sample studied in The Family Child Care Training Study. *These figures demonstrate that Child Care Aware sites have become increasingly effective in identifying barriers to accreditation and developing strategies to overcome them. We suggest that because accreditation has taken longer that anticipated to catch on, the potential for accreditation as a means of helping providers improve the quality of care they offer has only begun to be realized.*

ACCREDITATION STATUS OF PROVIDERS

Almost one in five of the providers who returned surveys were accredited—most of them by the National Association for Family Child Care (NAFCC); some had their Child Development Association Credentials (CDAs), Dallas, or Wisconsin Early Childhood Association (WECA) accreditation. Another 11 percent were in the process of becoming accredited. Only 30 percent of the entire group said they had no interest at all in becoming accredited. Many of these providers have left or are planning to leave family child care. (See Figure 5.)

FIGURE 5: ACCREDITATION STATUS OF PROVIDERS



(Percentages do not total 100% due to rounding.)

REASONS WHY PROVIDERS BECOME ACCREDITED

This survey, conducted one to three years after training, suggests that providers who go through a training series designed especially for family child care enter into a path of professional development that is likely to lead to accreditation.

By far the greatest reason why providers became accredited is to improve the quality of care and education they offer. The next greatest reason is to carry out what they see as their professional responsibility. "*Because I am a professional, I should take the next step.*" Other reasons are to demonstrate their competence and to attract and keep families in their programs.

Providers who are not accredited gave several reasons why. First was that they didn't plan on offering care for a long period of time, and accreditation would not increase their income. Time and cost was a factor for a surprisingly low number (13% for each reason).

On Being a Professional

Overview

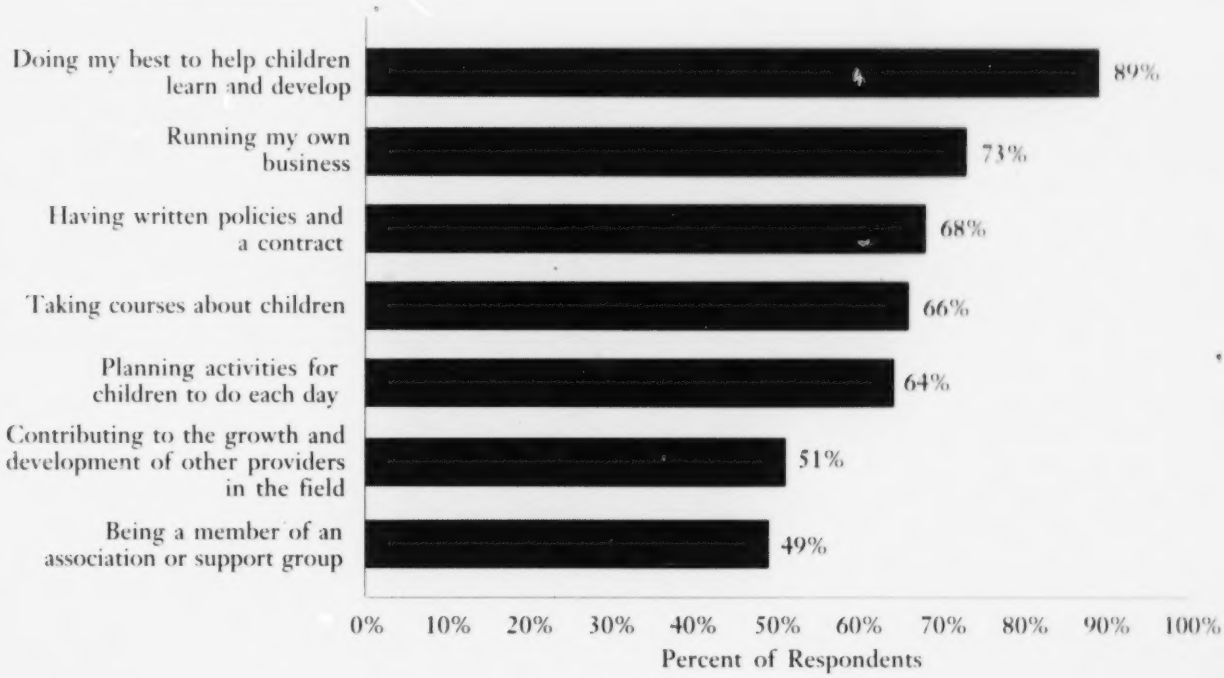
What does being a professional family child care provider mean? To answer this question; we decided to ask family child care providers themselves.

PROFESSIONALISM DEFINED

Nearly all respondents (96%) consider themselves to be a professional. (See Figure 6.)

FIGURE 6: PROFESSIONALISM DEFINED

WHEN ASKED TO DESCRIBE WHAT BEING A PROFESSIONAL MEANS, PROVIDERS OFFERED THE FOLLOWING RESPONSES. WE HAVE REPORTED THEM FROM MOST OFTEN TO LEAST OFTEN MENTIONED:



When asked about other characteristics that are part of being a professional, the surveyed family child care providers named the following:

- **Doing the best job they can do to offer high quality child care.** As one provider expressed it, "Being a professional child care provider says about me that I am interested in becoming the best in what I do."
- **Continuing to seek out and take advantage of professional development opportunities to keep their practices up to date.**
- **Going beyond the home to make a difference in their community and state.** This involves having good working relationships with licensing agencies, food programs, and other agencies.
- **Working to promote accreditation and to encourage licensing to require better standards and practices state-wide.**
- **Working well with parents.**
- **Learning about good practice and thus feeling proud, knowledgeable, and confident about what they do.**
- **Making a true commitment to the children one teaches and cares for and their families—not just offering child care until something better comes along.** This is what has been characterized as the "intentional" provider in *The Study of Children in Family Child Care and Relative Care* conducted by the Families and Work Institute.

In open-ended responses, providers addressed the long standing debate in the family child care field about whether being a professional detracts from a provider's capacity to be loving and nurturing. Most seemed to feel no. In the words of a Family-to-Family graduate:

> *"My care and affection towards my kids hasn't changed. However, I can now handle the 'difficult situations' with confidence."*

But some are still uncomfortable with the idea. As one provider explains, *"Professional sounds like such a strict word to me when we're dealing with children and the love I have to offer while mom and dad are at work."* Another worries that being a professional seems to *"undermine natural basic trust"* between her and parents even though she thinks parents are reassured that she has taken classes.

Even though these fears are real to providers, *The Study of Children in Family Child Care and Relative Care* (Galinsky, Howes, Kontos, and Shinn, 1994) found that providers who had participated in training were more likely to be sensitive, warm, and caring as well as attentive and responsive.

SELF-ESTEEM AND BEING A PROFESSIONAL

According to the respondents of this survey, professionalism begins on the inside with a sense of positive self-esteem and self-respect. In our society, taking care of children—traditional women's work—has typically not been respected. Family child care providers are often seen as babysitters—by parents and sometimes by providers' families and providers themselves.

Providers spoke vividly about the lack of respect they receive:

> *"When I started child care…people thought of me as their slave to be there to take care of their children."*

> *"Too often family child care providers are referred to as babysitters and used as a dumping spot for parents who need a break."*

> *"It's time family day care providers stop being treated like human door mats and dumping grounds."*

Exposure to training and accreditation can begin to transform their self-concept. Providers report feeling more confidence and self-respect as they learn about quality and begin to see themselves as professionals. In this context, building providers' self-esteem is an essential aspect of their becoming committed to ongoing professional development.

> *"The more professional I feel about myself and my business, the more comfortable and confident I am in the day-to-day running of my business."*

> *"I strive to do better and to make improvements in the way I work with children. As a professional, I want to be the best I can be. Instead of a babysitter, I am an educator."*

> *"After training, I now have confidence in myself as a professional. I know I give good care and am not afraid to charge what I am worth."*

> *"Earlier in my child care business I did not feel like a professional. I felt more like a babysitter and was very embarrassed to share 'what I did for a living' with anyone. Now, mainly due to the courses, I am proud to say what I do!"*

Providers find that as they accumulate knowledge, the quality of their family day care homes improve as their new feelings of self-esteem and professionalism are transmitted to the children and families they care for:

"Being a professional helps me feel good about myself. And when I feel good about myself, the children feel it also. In return, they feel good about themselves."

"Being a professional helps me feel good about myself and about my business. This sense of well-being reflects to the parents I deal with. The parents respect me and what I do with their children."

The Study of Children in Family Child Care and Relative Care pointed out the importance of intentionality. According to that study, it is the "intentional" provider—the provider who is committed, caring, open to learning, and purposeful about the important work of being a family child care provider—who is more likely to offer quality family child care. We suggest intentionality leads to better self-esteem that in turn can lead to further commitment, caring, openness to learning and purposefulness. Especially coined for the family child care field to capture both the nurturing and professional characteristics, its use can help resolve the conflict some providers feel between "caring" and "professionalism".

This underlines the fact that self-esteem and professionalism are interrelated outcomes, not ends in themselves that can bring other positive changes of training and accreditation. If training programs are simply geared to helping providers feel good about themselves and their work—a risk in a field that places such high value on nurturing—providers can perhaps come to feel good about substandard practice. We see the goals of training and accreditation are to improve the quality of providers' practice by imparting new knowledge, challenging providers within a supportive setting, and encouraging them to become life-long learners.

CHARACTERISTICS OF PROVIDERS WHO SEE THEMSELVES AS PROFESSIONALS

Providers who see themselves as professionals shared a variety of characteristics. They were more likely to follow good business practices, more aware of how children grow and learn, and were more often regulated and involved with other providers. As a result of being a professional, they felt more confident that their enrollment would be steady. According to *The Study of Children in Family Child Care and Relative Care*, these first four characteristics among others are indicators of good quality care. This suggests that providers who see themselves as professionals are more likely to offer good quality family child care. Providers who saw themselves as professionals also were likely to:

- **Follow good business practices.** This was seen by numerous providers as the key to gaining the respect of parents:

"I have always had feelings of inferiority. After training I now have confidence in myself as a professional. I know I give good care and am not afraid to charge what I am worth. I deal fairly with my parents but don't allow them to take advantage of me anymore. It's a lot nicer now for all."

"As a professional running a business, I feel it is necessary to let parents know all the rules up front. Once they are established it will give me more of an opportunity to provide the quality child care I want to."

"I am very straight forward with families on what care I will or will not provide, my policies, tuition, and what I expect in return. My families appreciate this."

In strong contrast, the following comments by a provider who does not consider herself a professional highlights the kinds of issues in parent-provider relationships that being a professional and following good business practices helps avoid:

"Not feeling like a professional makes it difficult to put a value to my service and draw a line with parents taking advantage of me. I often find myself having a hard time quoting rates to people for doing for their child what I do for my own. I let friendly relationships interfere with letting a parent know that picking their children up late is not acceptable."

For some providers, identifying oneself as a professional has allowed relationships with parents to develop far beyond the basics of respect:

One provider shared how her parents supported her ongoing professional development. Even though she felt accreditation wasn't necessary and cost too much money, the families she cares for encouraged her. She became accredited and now she says, *"It makes me proud. And my children's families are proud of me as a professional too!"*

Another told the story of how parents were there for her when she was recently hospitalized. They not only took care of their own children, but took care of her child and made sure her family had dinner each night. As she says, *"When you think of yourself as a professional and take pride in your work, you are willing to put that little extra effort for the families you serve. They were there for me because they know I am there for them."*

- **Be more aware of how children learn and grow.**

  "I am better able to provide a learning atmosphere where children can develop at their own rates."

- **Be regulated.**

  "I feel being a professional means that I am licensed."

- **Be a member of an association or support group and involved with promoting the professional development of colleagues.**

  "Without the extra training and belonging to a support group and an association, I would not be able to call myself a professional. A provider needs to interact with other providers because no one else understands the stress we are under day to day."

  "I became very involved in our state organization—and I've been asked to teach classes, workshops, and to speak at meetings and conferences. I have made myself more visible."

As a result of feeling like a professional, providers seem to be more confident about enrollment.

"The fact that I have 14 children on my waiting list shows the value of training and professionalism."

"Being a professional helps to fill vacancies."

"I do not have a big turnover in the children I care for."

Because thinking of oneself as a professional doesn't necessarily increase the quality of care and education one offers, we suggest that in addition to those characteristics mentioned above, part of being a professional provider is to regularly assess the quality of ones' practice and continually take steps to improve it.

THE REWARDS OF BEING A PROFESSIONAL

Providers found that rewards of being a professional are great and range from personal satisfaction and pride to a sense of contributing to our society:

"Being a professional makes you feel like what you do does matter and make a difference."

"Being a professional helps me and my family out a lot. I'm not just here babysitting, I'm teaching my own children as well as the others."

"Being a professional child care provider gives me great personal satisfaction and a sense of positively contributing to our society."

PROVIDERS WHO DO NOT SEE THEMSELVES AS PROFESSIONALS

Four percent (63) of respondents did not consider themselves professionals. The top two reasons why were that they planned to be in the business only a short time and they were happy with things the way they are.

Implications For Trainers

Providers' views suggest the following implications for trainers:

- **Challenge as well as nurture.** In a supportive way, challenge providers to take responsibility for their own professional development. Simply supporting is not enough to promote good quality. Classes that aim solely to help providers feel good about themselves and their work may result in providers feeling good about substandard practice.

- **Devise and incorporate strategies that challenge providers to experiment to try new ways of doing things and improve their practice.** Pose challenging questions. Give providers opportunities to share and analyze various approaches to handling problems they face. Engage providers actively with new concepts in class or in homework to help them grapple with and find meaning in new ideas. Help arrange for providers to visit good quality family child care homes and guide them as necessary to compare what they see to their own practice. If visits are too expensive or time consuming, think creatively about alternatives such as videotaping good quality homes.

- **Know and feel what you are teaching.** Familiarity with family child care is seen as essential by providers. If you have never been a provider, spend time—at least an entire day and preferably longer—in a family child care home to learn about family child care.

- **Help providers learn from one another in group discussions.** Assess your knowledge of group process and skills in group management and if necessary, enhance them. These skills are critical if you are going to be able to effectively help providers learn from one another. Providers state that guidance from an instructor is important since providers may come to class with a strong need to communicate and instead, end up dominating a discussion or entire class. You can sharpen your knowledge and skills through train the trainer courses and by working in collaboration with colleagues who are skilled in these areas.

Conclusion

This survey has found that the most professional sector of the family child care community has much to share about training, accreditation, and being a professional with individuals and agencies whose role is to support providers in their professional development.

- Family child care providers have clear ideas about what makes training and trainers effective. They believe that training positively influences their practice.
- Family child care providers who graduate from training are more likely to become accredited. They become accredited to improve the quality of care they offer children. The potential of accreditation as a means to promote quality family child care has just begun to be realized.
- Family child care providers believe professionalism begins on the inside and that enhancing providers self-esteem is an essential part of their professional development.

And finally, there is assuredly much more we can learn from listening to family child care providers. It is vital that their views are sought out and used to inform efforts to promote professional development if these efforts are to be as effective as they can be.

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